

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20205	9-2-99
O.I.P.E. CLASSIFIER		8	9-8-99
FORMALITY REVIEW	W	71423	9-14-99
	W	71423	12-21-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
11	✓	✓	10/16/01
12	✓	✓	10/16/01
13	✓	✓	10/16/01
14	✓	✓	10/16/01
15	✓	✓	10/16/01
16	✓	✓	10/16/01
17	✓	✓	10/16/01
18	✓	✓	10/16/01
19	✓	✓	10/16/01
20	✓	✓	10/16/01
21	✓	✓	10/16/01
22	✓	✓	10/16/01
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25	✓	✓	10/16/01
26	✓	✓	10/16/01
27	✓	✓	10/16/01
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31	✓	✓	10/16/01
32	✓	✓	10/16/01
33	✓	✓	10/16/01
34	✓	✓	10/16/01
35	✓	✓	10/16/01
36	✓	✓	10/16/01
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39	✓	✓	10/16/01
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47	✓	✓	10/16/01
48	✓	✓	10/16/01
49	✓	✓	10/16/01
50	✓	✓	10/16/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE